



Walnut Creek Village – Community Initiatives

Preferred Service Provider Application

At Walnut Creek Village members always come first, and we strive to provide prompt, excellent, and compassionate service. In addition, we respect the confidentiality of personal member interactions. We ask our providers to pledge their compassion, respect, high-quality work, and reliable service for our members. All ***fields** are required.

Business Name* _____

Street Address

Street Address Line 2

City _____ State: _____ ZIP Code _____

Contact Name*
First Name _____

Last Name _____

Title _____

Phone Number*	Mobile Phone	Other Phone
_____ Area Code Telephone	_____ Area Code Telephone	_____ Area Code Telephone

Web Address _____

Description of services (list all you are able to provide)*

Please describe what level of discount you will provide to our members. This is one of the first questions members ask about when requesting referrals. We encourage you to offer a senior discount.

Do you have experience working with older individuals?

Yes No

Do you carry liability insurance at \$1 million or higher?*

Yes No

Is your business bonded?*

Yes No

Do you have a Business License(s) or Professional Certificate(s)?*

Yes No

For HOME CARE AGENCIES ONLY: Is your agency listed through the State of California Social Services?

Yes No

*If **YES** to **ANY OF THE ABOVE QUESTIONS**, include a copy of relevant license(s) or certificate(s) and mail to: Walnut Creek Village, 712 Bancroft Road, PO Box 871, Walnut Creek, CA 94598.

Please list three client/customer references with telephone numbers and email addresses. A Walnut Creek Village volunteer will contact your references within 2-3 weeks. Please be sure your references have agreed to serve you in this capacity.

Reference 1

Name: _____

Phone Number: _____ Email: _____

Reference 2

Name: _____

Phone Number: _____ Email: _____

Reference 3

Name: _____

Phone Number:

Email: _____

Questions? Check here and a Walnut Creek Village representative will call you.

Walnut Creek Village works closely with our neighboring Villages of Lamorinda and Clayton Valley. Do you wish to also be listed by these two Villages as a Preferred Provider? If yes, we will forward to them a copy of your approved application along with copies of your licenses, certificates, etc. which you have provided to Walnut Creek Village.

Yes

No

By signing and submitting this application, I agree to sign the *Walnut Creek Village Representations document and Agreements* and the *Privacy Information and Release Authorization* document. I will provide service to Walnut Creek Village members following the Village philosophy of compassion, confidentiality, high quality work, and reliability.

I understand my contract for services is with the Walnut Creek Village member, and not with Walnut Creek Village.

I AGREE TO THE ABOVE STATEMENTS.

Signature _____ **Date** _____

PREFERRED SERVICE PROVIDER

PRIVACY INFORMATION AND RELEASE AUTHORIZATION

Application information

I certify that all information in my application is true and complete. I understand that any false information or omission may disqualify me from further consideration for preferred provider service and may result in dismissal, if discovered at a later date. I understand, in consideration of my application, a background investigation may be conducted should my business not have the required insurances or licenses. I understand this investigation may include, but is not limited to, a criminal background check in the files of any Federal, state, or local justice agency, driving history, or reference verification. I authorize Walnut Creek Village to conduct the background investigation if needed and **release Walnut Creek Village, a fiscally sponsored project of Community Initiatives, from responsibility for this investigation.** I understand the requested information is for the sole purpose of gathering accurate information for preferred provider services at Walnut Creek Village.

I have read and understand the above and by my signature consent to these statements.

Print name _____

Company name _____

Signature _____ **Date** _____

Please sign, date, and return to:

**Walnut Creek Village
ATTN: Service Providers
712 Bancroft Road
Suite 871
Walnut Creek, CA 94598**

**PREFERRED SERVICE PROVIDER
REPRESENTATIONS AND AGREEMENTS**

By signing below, I hereby represent and agree to the following:

1. I am in good standing with any and all regulating agencies/associations mandated by my profession. I shall continue to maintain the licensing and bonding required by my profession, as well as appropriate insurance coverage. I agree to notify Walnut Creek Village prior to expiration or cancellation date for any such licensing, bonding, or insurance coverage. I shall refuse any further referrals from Walnut Creek Village for so long as I am not in compliance with the licensing, bonding, and insurance requirements. (For the purposes of this application "I" or "my" or "me" includes any professional entity I have identified.)
2. I am not currently the subject of any disciplinary proceedings regarding my professional work, nor are there currently any criminal charges pending against me. I have never been convicted of a felony.
3. None of my sub-contractors or employees have been the subject of any disciplinary proceedings regarding their work, nor are there currently any criminal charges pending against them. None of my sub-contractors or employees has been convicted of a felony.
4. I have sufficient experience and skill necessary to perform the identified services to Walnut Creek Village members.
5. I will indemnify, defend, and hold harmless Walnut Creek Village, a fiscally sponsored project of Community Initiatives, from any adverse claim award, judgment, or settlement occurring as a result of my service to a member of Walnut Creek Village.
6. If there are any material changes in my circumstances that would render any of the representations I have made above inaccurate, I agree to notify Walnut Creek Village.
7. I understand that Walnut Creek Village may refuse to include me in its preferred provider list at any time.

Print name _____

Company name _____

Signature _____ **Date** _____

**Please sign, date, and return to:
Walnut Creek Village/ ATTN: Service Providers
712 Bancroft Road/ Suite 871
Walnut Creek, CA 94598**